

# APPLICATION FOR EMPLOYMENT

**CITY OF SUSANVILLE**  
66 North Lassen Street  
Susanville, California 96130

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement      Relative      Inquiry  
 Employment Agency      Friend      Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you at home is: ..... :\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes      No

Have you ever filed an application with us before? .....  Yes      No

    If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes      No

    If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes      No

Are you currently employed? .....  Yes      No

May we contact your present employer? .....  Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes      No

Date available for work \_\_\_/\_\_\_/\_\_\_    What is your desired salary range? \_\_\_\_\_

Are you available to work:      Full-Time     (please indicate 1 2 3 shift)  
     Part-Time     (please indicate Mornings Afternoon Evenings)  
     Temporary     (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes      No

Can you travel if a job requires it? .....  Yes      No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

These are the only employers that I have had in the last 7 years: Signature \_\_\_\_\_

Date \_\_\_\_\_

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO

## REFERENCES

Do not list relatives or former/current employees. List home phone \_\_\_\_\_ and work phone \_\_\_\_\_

1.	( )	Phone #
	(Name)	
	(Address)	
2.	( )	Phone #
	(Name)	
	(Address)	
3.	( )	Phone #
	(Name)	
	(Address)	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

**TO THE APPLICANT:** To ensure compliance with state and federal regulations, we request that you provide the following information. Your submittal of this information is *optional*. This portion of the application is used for statistical purposes only. It will be detached and will not become a part of your applicant file. The City of Susanville is committed to providing equal employment opportunities.

Print Name: \_\_\_\_\_

Specific position applied for: \_\_\_\_\_

Application date: \_\_\_\_\_

1    \_\_\_\_\_    Male  
      \_\_\_\_\_    Female

2    Are you age 40 or over?    \_\_\_\_\_    Yes    \_\_\_\_\_    No

3    Zip code: \_\_\_\_\_

4    Race/ethnic categories:

\_\_\_\_\_    **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_    **Black (not of Hispanic origin):** All persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_    **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_    **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

\_\_\_\_\_    **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

## **APPLICATION AND SELECTION PROCEDURE**

To apply for this excellent career opportunity, submit a City of Susanville employment application and other material as requested to:

CITY OF SUSANVILLE  
ATTN: CITY CLERK  
66 North Lassen Street  
Susanville CA 96130-3904

Application materials will be screened against the criteria provided in the job brochure. The selection process will include a review of applications and other applicable materials. Meeting minimum qualifications does not guarantee continuation in the selection process. The City of Susanville reserves the right to invite only those applicants deemed to be best qualified for the position to undergo written testing or oral interviews. Prior to employment, all prospective employees are required to take a job-related medical examination, including drug screening, to be fingerprinted, have reference and criminal history background checks, take a loyalty oath and provide proof of legal right to work in the United States.

Postmarks will NOT be accepted. FAXs will be accepted only if the original is received within three working days of the filing deadline.

The City of Susanville is an Equal Opportunity Employer.